

LIST REQUEST FOR THE IDAHO DEPARTMENT OF INSURANCE

Date: _____

Name: _____

Please send me a producer list with the following criteria:

Resident ☐ Non-resident ☐ Both ☐

Agent ☐ Agency ☐ Both ☐

License type(s) _____

Please sort by:

☐ Alpha

☐ Zip

☐ Region: (North Idaho ☐ North Central Idaho ☐ Southwestern Idaho ☐ South Central Idaho ☐ Southern Idaho ☐ Southeastern Idaho ☐ Eastern Idaho ☐)

☐ County(s): _____

Please send in the following format:

☐ Word

☐ Excel spreadsheet

Please send in the following format:

☐ Disk

☐ CD

☐ Hard copy

☐ Email (email address: _____)

Mail to: _____

Phone: _____

Enclosed is **\$9.75** in check or money order made payable to the Idaho Department of Insurance. Mail this form with check to: PO Box 83720 Boise ID 83720-0043.

Note: List provides producer name/license number and expiration date/business address. The dept does not provide phone numbers or email addresses.